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ORIGINAL DEPARTMENT.

Communications.

A WIRE-GAUZE SUPPORTER FOR THE TREATMENT OF FRACTURES LUXATIONS, ETC., OF THE LOWER EXTREMITIES.

BY HARVEY L. BYRD, M. D.,

Professor of Obstetrics in Washington University of Baltimore, etc., etc.

Read before the Medico-Chirurgical Society of Maryland at its annual meeting in Baltimore, April 2d, 1872.

Some three or four years ago the attention of the profession was called by the writer to a *wire-gauze* supporter in cases of fracture, and other injuries of the lower extremities, and its beneficial action illustrated by a case in which it was used most satisfactorily in the successful management of severe injury of the knee of a robust young woman, since which time several cases have been treated in his own, and the practice of professional friends, which establish most conclusively, to their minds, its great superiority over every other method in the treatment of fractures, simple, compound and comminuted, and luxations, severe contusions, etc. The wire-gauze supporter has been used in all these cases in connection with Professor N. R. SMITH'S "Anterior Splint"—though it may be attached to suitable wooden frame-work as well, and reference to the accompanying cuts will illustrate with what readiness the apparatus, thus arranged, can be applied, and the ease with which it may be adjusted, with but little suffering or inconvenience to the patient. The description formerly given of the mode of constructing and applying the instrument is repeated here, which with the cuts will enable any one of ordinary mechanical skill to construct and apply it without difficulty or delay. The young lady refered to in a previous communication was injured by falling with great force upon her right knee. Whilst playfully running with a young man over a rough scaffolding of boards, the toe of her shoe caught, and the young man, in attempting to prevent her falling, lost his balance, and both fell together, he falling upon her. The accident occurred at a village a few miles from the city, and the two physicians of the place who were called very judiciously decided to apply Dr. SMITH'S anterior splint. It was done in the usual manner, and she brought to her home in the city on the following day. She was seen by the writer a few hours after her arrival, and found to be suffering great pain in the injured knee and leg. With the assistance of Dr. JAMES E. GIBBONS, of New Windsor, Md., then a pupil in our office, the suspensory cord and pulley were re-adjusted, the bandage slackened, a full dose of morphia prescribed, and the patient left for the night.

To our surprise we learned, on our visit the succeeding morning, she had not slept and had suffered great pain in the knee, and much unpleasantness in the thigh and leg, in consequence of tightening of the bandage from increased swelling of the limb. The weather being very warm and the young woman large and fat—weighing, probably, two hundred pounds—and as there was little chance of rendering the apartment more comfortable by ventilation, it was determined to make her condition as much so as possible by other means. For this purpose a yard and a half of fine wire-gauze was procured, and after taking proper dimensions of the thigh, popliteal region, leg and heel, the gauze was cut so as to adapt it to the posterior and lateral surface

of the limb, and then bound around with stout cloth (thin, fine leather has been found from experience to answer a better purpose), with buckles and straps attached at suitable intervals. The limb was then made nude by the removal of the bandage that sustained the splint, and the wire-gauze, as above prepared, placed in position *under* it. When this was accomplished, the "anterior splint" receiving proper shape, was placed over the *front* of the extremity, the wire-gauze secured by the buckles and straps to its longitudinal bars, and the hooks from the suspensory apparatus above having been passed into the rings or eyelets of the transverse bars of the "splints," the limb was swung from the bed. The greatest comfort was immediately experienced by the patient, and after adjusting the lengths of the straps so as to secure evenness and accuracy of adaptation of the wire-gauze to the entire posterior and lateral surface of the limb, the patient was left for the day.

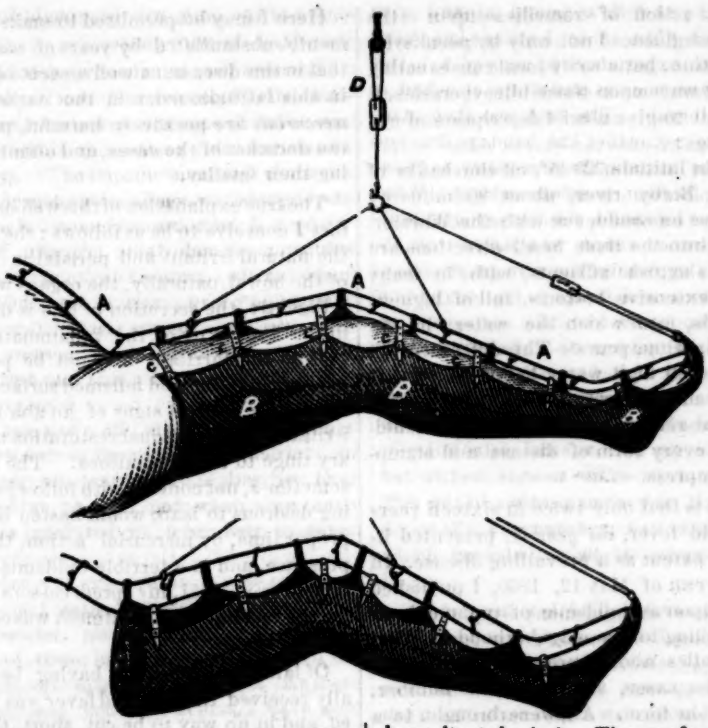
The whole manipulation, from the time the wire-gauze was ready for application until the procedure was accomplished, did not occupy as much time as has been consumed in writing this account of it. If the foregoing details are sufficiently clear of comprehension, it will be observed that the important objects of extension and counter-extension were as fully accomplished in this case as they could have been by any other means, while the great relief from all *anterior* compression of muscles and the free exposure of the surface of the limb to the atmosphere, not only anteriorly, but laterly and posteriorly also, was sufficient to impart the great comfort she experienced from the change of treatment. But the scientific surgeon will readily perceive other, and if possible greater, advantages, which may be obtained from the wire-gauze in the management of fractures and wounds of the lower extremities; or perhaps we should rather say great additional advantages, for it is difficult to conceive of any much greater advantage than free ventilation in such cases. The chief of these alluded to, for example, as in compound and comminuted fractures, saber and bullet wounds, or in other wounds involving the skin and subjacent structures, and requiring frequent ablution or dressing, without disturbing the general position or condition of the limb, will be sought for in vain outside of the wire-gauze.

A wound may be clearly seen and freely syringed or sponged, and receive other local treatment *through* the wire-gauze, even when situated on the *posterior* or *lateral* aspect of the limb, without disturbing its position in the slightest uncomfortable degree. Again, where it is desirable to remove, at any point, undue or uncomfortable pressure, nothing is more easily accomplished, as the leather straps and buckles attached to the margin of the wire-gauze may be slackened or tightened at such points as may be necessary to secure the desired relief. By this management, undue pressure on the muscles may be almost completely obviated. The *foot and heel* may be turned to most important account as a lever or weight, in certain fractures, by increasing or lessening the support which the anterior cord and pulley, or sling, attached to the distal end of the gauze, is capable of effecting.

Besides the foregoing, there are still other advantages attainable by the wire-gauze, when properly attached to the anterior splint, or other support. But these will readily suggest themselves to the intelligent practitioner in individual cases. The writer has become satisfied, from his own and the experience of friends, that with wire-gauze sufficiently fine, accurately cut, and properly adjusted to the limb, and anterior support, that less sagging takes place than under *any other method* of treating fractures, and consequently less deformity results from this than any other mode of treatment where bandages are used. An extract from a letter of Dr. S. K. Coleman is subjoined, as it presents some of the great advantages of the wire-gauze supporter in the treatment of a compound comminuted fracture during the *heated term* of last summer.

BALTIMORE, March 13, 1872.

PROF. HARVEY L. BYRD, M. D.—*Esteemed Friend:* I am happy to report the unbounded success of your wire-gauze supporter, as attached to Dr. Smith's anterior splint. And permit me to add, I am deeply sensible of the kind assistance afforded me in their application to my patient by Dr. J. A. Carmer, and yourself. I refer to the case of Mrs. Edwards, æt 40 years, weighing 230 pounds, and residing at No. 12 Clinton street, Canton. The lower third of the left leg was broken last



June, during the warmest portion of that month the lower end of the fractured tibia crushing its way through the integuments, producing a frightfully contused and lacerated wound. A few days after its adjustment I took pleasure in inviting different members of the profession to see it, and among them Dr. N. L. DASHIELL one of the oldest and most experienced physicians of East Baltimore, and he, in common with all the others, thought the appliance 'just the thing' for the case. The wound was treated with cold water dressings, and such other articles as the warmth of the weather indicated, and in less than eight weeks the lady walked without any artificial support whatever, claiming that "she could walk better now than she ever did before." I feel fully satisfied your addition of the wire-gauze supporter to Smith's Anterior splint is the greatest boon that surgery and humanity have thus far received in injuries of the lower extremities.

"I am very respectfully and sincerely yours,
"S. K. COLEMAN, M. D."

B B B represents the wire-gauze applied. Dr. SMITH's anterior splint is clearly seen above it at A A A. The cords and pullies are sufficiently well defined to be readily recognized at D.

366 *N. Tremont street, Baltimore, April 3, 1872.*

IPECACUANHA IN TYPHOID FEVER AND DYSENTERY.

BY EDWARD H. SHOLL, M. D.,
Of Gainesville, Alabama.

In the presentation of this subject my object is not speculative, but entirely practical, giving only facts based upon actual experience. My attention was called to this manner of treatment by an article in the REPORTER some months since by a physician in Reading, Pa., whose name I cannot now lay hands on. It is only necessary to say that some of my patients, as well as myself, have reason to thank him for it. Its republication, with a view to again impress it upon the minds of the profession, would be of practical benefit. I allude particularly to the article upon the "Use of Ipecacuanha in Typhoid Fever."

As the action of remedies upon the economy is influenced not only by peculiarity of constitution, but also by local causes acting in different ways upon those idiosyncrasies, it may be well to give a brief description of our surroundings:

We are in latitude 32° 45′, on the banks of the Little Bigby river, about 80 miles by water above its confluence with the Warrior. Emptying into the river in all directions are numerous sluggish affluents, with, in many instances, extensive bottoms, full of lagoons and sloughs, into which the water, in the winter and spring, pours. The difference between low and high water being 54 feet, it may be readily conceived that, to a certain extent, malarial causes are at work moulding nearly every form of disease and stamping their impress.

Hence it is that only twice in sixteen years has typhoid fever, *sui generis*, presented itself to any extent as a prevailing disease. In the REPORTER of May 12, 1860, I published an article upon an epidemic of typhoid fever then prevailing in the neighborhood of Warsaw, ten miles above here, with treatment. Most of the cases, twenty-two in number, were mild in form. All were brought to a successful termination, though some cases were of unusual duration. In every case copious diarrhea was among the early symptoms, and I then learned that the sooner I could control the watery discharges and keep the bowels closed, by so much would I moderate the severity and abridge the duration of the attack.

In one case where the patient almost succumbed to the exhaustion from profuse discharges, the bowels were kept confined for seventeen days. During this time the progress to convalescence was decided. Parents were anxious to have the bowels move. The young lady herself remarked that "the doctor had locked up her bowels and thrown away the key." At the end of that time she had a free, consistent action voluntarily, and was soon up.

This case illustrates the fact of how great a length of time, consistent with keeping the equilibrium, the bowels may be kept quiet, and that instead of its throwing back noxious matters to the detriment of the patient, other organs supplement all necessary excretory action, and relieve the irritated bowel.

Here I may be permitted to make the statement, substantiated by years of observation, that in this disease, as well as acute dysentery, in this latitude, even in the earliest stages, *mercurials* are positively harmful, protracting the duration of the cases, and oftentimes sealing their fatality.

The true explanation of this well-ascertained fact I conceive to be as follows: the bile being the natural irritant and peristaltic persuader of the bowel, naturally, the organs working intelligently, the secretion of bile is diminished in the beginning of the inflammatory action that an acrid irritant may not be poured out over an irritated and inflamed surface. Hence, among the earliest signs of an abating of the irritation is the gradual restoration of the biliary tinge to the evacuations. The physician sometimes, not content with following, and being desirous to lead, would hasten before the proper time, by mercurial action, the biliary presence, and in a terrible epidemic of dysentery here in 1851, my predecessors informed me the result of this treatment was calamitous in the extreme.

Of later years the idea having been generally received that typhoid fever was self-limited, and in no way to be cut short, the expectant plan of treatment, a decided improvement upon the previous active method, has found general acceptance.

It is certain that if we can find any remedy potent to control and abridge, we not only save suffering and loss of time, but materially diminish the rate of mortality. I therefore give one case as typical of a number, all of which have been brought speedily to a successful termination.

Mr. A. W. McM., æt. 52, sent for me in July, 1871, in the tenth day of a febrile attack readily recognized as typhoid. Tenderness in right iliac region; gurgling; tongue red at tip and heavily coated. Had up to 4 P. M. eleven free watery, clay-colored discharges that day, which had enfeebled him. Skin parched and acridly hot.

I gave at once forty drops of laudanum, in one hour followed it with forty grains of ipecac., which at the expiration of forty-five minutes produced copious emesis. He was ordered at 7 next morning forty drops laudanum; at 8, 40 grains of ipecac. On my return at 9 A. M. found him more comfortable; had three evacuations in the seventeen hours.

Ordered repetition of medicine in the evening and for next morning. At 9 A. M., next day, decided improvement; two evacuations the 24 hours; more consistent; febrile excitement almost gone; countenance cheerful, with gradually diminishing doses given for the next three days. The improvement was so marked that the treatment as above was stopped, and a few small doses of aromatic sulph. acid given daily. On the tenth day from my first visit, he, without my consent, rode horseback three miles in the country, bringing about in a few hours a febrile excitement, with diarrhea of profuse character. This yielded in forty-eight hours to the first treatment, and he soon convalesced.

Other cases of a still more aggravated character seen first in the ravings of delirium, or in a deeper prostration from diarrhea have responded as readily, and when seen early have been jugulated in from four to seven days.

This plan was adopted in a case seen last week in the fourth week of the fever, with happy results. The stomach soon becomes tolerant of these large doses, which then expend their full effect upon the bowel. As more convenient and equally efficient, I have used of late Tilden's fluid extract in place of the bulky powder.

If further experience develops any contra-indication to the treatment as above indicated it will be reported. I trust the profession may test the value of a remedy which it is not contended will cure all cases, but one that will very materially abbreviate the curable ones. In dysentery last week six severe cases were speedily cut short by it, given in 8 to 25 grain doses every three hours, with an opiate twice in twenty-four hours.

DEATH FROM THE INHALATION OF NITROUS OXIDE GAS.

REPORTED BY W. J. PURCELL, M. D.,
Of New York City.

On Wednesday, March 20th Mrs. Ann O'Shaughnessy visited the office of a dentist named Newbrough, No. 128 West 34th street, New York city, for the purpose of having some teeth extracted, she having suffered considerably for some time previously from toothache. Although desirous of taking the gas, she yet expressed a great dread of it, and it was with considerable difficulty that she was persuaded to submit. One bag ful containing about four gallons was administered, but not without great trouble from the struggles and resistance of the patient, who appeared to labor under severe nervous irritability. This not being sufficient to produce anæsthesia, a second bag ful was given, and after a few inhalations the dentist proceeded to extract the teeth. About four were removed, when the patient's head was observed to fall over on her left shoulder, and she was discovered to be insensible. Efforts were made to revive her, but in vain. It was found that she had ceased to breathe, and that no pulsation of the heart could be discerned. A physician was hastily summoned, and the galvanic battery and other means and appliances used, but without success. The woman was dead. The remains were removed to the late residence of the deceased, and an autopsy made, which revealed a slight congestion of the lungs.

An inquest was held before Coroner Hermann, and a jury composed of prominent medical men. Several physicians who were present at the *post-mortem* examination gave as the result, that death was caused by nervous shock; there was slight congestion of the lungs.

The following embodies the most important part of the testimony, as it throws considerable light on the different methods of administering the gas, its modes of manufacture, etc., etc.

Dr. BUCHANAN, of 355 West Thirtieth st., testified that he was present at the *post-mortem* examination made on the body of Mrs. O'Shaughnessy, at the residence of the deceased. He corroborated the testimony of the physicians previously examined as to the result of the autopsy. He said that in his opinion the cause of death was a nervous shock, consequent upon having the teeth extracted. He believed the deceased had an incipient stage of pneumonia. In addition to the shock he thought that the inhaling of the gas might be a predisposing cause. The witness said that he gives nitrous oxide in cases of asthma; he was careful when there was anything the matter with the heart; he thought a physical examination of the patient necessary before giving the gas. When a patient dreaded the inhalation of the gas he would not give it for

fear of producing a shock. He never saw a case illustrative of this idea, but he thought the present a very appropriate one. He thought that if all the proceedings had ended when the deceased had expressed a fear of taking the gas, nothing would have occurred; that is, had not the teeth been drawn. The gas ought to be taken through a mouth-piece, provided with an outlet valve through which the expired gas could escape into the atmosphere. He could not say whether the apparatus used by deceased had such a mouth-piece. He could not say whether the quantity of gas taken by the deceased had anything to do with her death. He deprecated the custom of holding the nose, and breathing into the bag without means of escape for the impure gases. This latter statement was in reply to a question from Dr. ROGERS.

HERMANN ENDEMANN, chemist to the Board of Health of New York, testified that at the request of Coroner HERMANN he examined the gas used by Dr. NEWBROUGH and the material used in the manufacture of the same. The nitrate of ammonia used in the manufacture of the gas was not quite pure, but was as good as is usually provided. The apparatus used by Dr. NEWBROUGH is capable of producing pure gas provided that it is administered within three hours after it is made. He made inquiries of Dr. NEWBROUGH how often he made the gas, and he said every day. At a second visit paid by the witness to Dr. NEWBROUGH'S place, the latter said that the gas he had administered to the deceased had been made two days before he gave it; he did not examine this gas, as it had all escaped. The gas he made with Dr. NEWBROUGH'S apparatus himself was pure; he inhaled it himself. The bag used by the deceased contained four gallons, with a mouth-piece, out of which the patient directly inhales the gas; the carbonic acid of exhalation thus enters the bag again. The witness thought that all mouth-pieces should have a safety-valve, through which the carbonic acid could escape. He thought that the deceased partly inhaled the nitrous oxide; the witness had some experience, he said, of the physical effects of nitrous oxide; the face becomes gradually livid under its influence about fifty seconds after inhaling it; the pupils become distended; if the pulse is weak at first it generally becomes more rapid. The patient comes out of the influence in two or three minutes so as to be conscious, but the dizziness continues five minutes. The only experience the witness had of any evil results from inhaling the gas was in his assistant, who took it for the purpose of having a tooth extracted; next day he did not feel well in his lungs, feeling bad for about a week after. A physician told him that his lungs were congested; three months afterward he died of consumption. If the impurities of the gas be not removed he considered it harmful. He has noticed that the gas has different effects upon individuals, producing depressing effects on some. He considered that the apparatus, with the same material used as he had examined, is capable of generating gas sufficiently pure, provided it is used three hours after being made.

Mary Mulligan, residing at 301 East Fifty-fifth street, testified that she is a dressmaker, employed at McCleary's, in Broadway. Last summer the deceased worked at the same place with her; she was in good health and never knew her to have fainting fits.

Mr. E. P. Hoyt, of 34 West Twenty-sixth street, said that he had been a dentist for fifteen years. He had used nitrous oxide gas extensively years ago, until he became alarmed, and discontinued its use on account of its tendency to produce asphyxia. About the year 1863 he almost discontinued its use, until he invented a different method of inhaling it, by allowing an escape of the carbonic acid gas. He was pressed very much by his patients to employ the gas, but he did not like to administer it without a physician being present. He is not entirely satisfied that it is harmless when given to produce anæsthesia. He would not give it in a case of heart disease or palpitation of the heart, or disease of the lungs or brain. The gas, he finds, acts as a stimulant; a little of it acts as a tonic.

Deputy Coroner John Beach testified to having made a *post-mortem* examination. His testimony agreed substantially with that of the other physicians.

THE VERDICT.

The jury find that the deceased, Ann Shaughnessy came to her death by asphyxia or apnœa, as evidenced by the symptoms manifested by the patient before death, and the conditions found at the *post-mortem* ex-

amination; the asphyxia, in our opinion, being induced by the inhalation of gas administered.

The jury further agree in the opinion that any other than the prescribed method of preparation of nitrous oxide gas as to temperature for generation, and appropriate washing bottles, is to be regarded as a careless method of manufacture.

In this particular we regard the apparatus used by Dr. NEWBROUGH as imperfect. Furthermore, we regard the administration of nitrous oxide gas as reckless where each administration is an experiment upon the patient, which it must be when there is not a positive certainty as to the chemical purity of the gas, and ignorance in the administrator of the physical condition of the patient and the physiological effects manifested by anæsthesia.

Furthermore, we regard it as necessary for safety that an administrator of nitrous oxide gas should have a knowledge of the application of restorative agents adapted to alarming conditions in anæsthesia, and be always supplied with such agents.

NOTES OF PRACTICE.

By H. L. W. BURRITT, M. D.,

Of Bridgport, Conn.

CHLORAL.

Mr. J., æt. 56, was taken with tremors and spasmodic twitchings and delusions, peculiar to alcoholism. He had for some time been indulging freely, though attending to business and never intoxicated. The motions were more on one side of the body and epileptiform in character, though consciousness was perfect. Morphia in three doses having been tried with no effect, I gave thirty grains of chloral in one dose. The effect was immediate; he was thrown backward into a terrible epileptic convulsion; entire loss of consciousness, black as ink in the face, and stertorous breathing for a moment; then entire suspense of action of the heart and respiration. He seemed moribund, but throwing his head downward and passing the finger into the larynx, he gasped once or twice, and by ammonia, cold water and expansion of the lungs, by carrying the arms rapidly upward and alternate pressure, he gradually recovered, fell into a deep sleep of four hours' duration, with entire mental power and calm nerves when he awoke.

I see doses larger than the above repeatedly given, if the reports in your journal are correct, and yet I would trust the inhalation of chloroform far sooner, especially after small doses of stimulants, as in thousands of cases of the use of this anæsthetic I never saw a patient so near death. I have given chloral, but its effects are far more uncertain than chloroform *given internally*, and its advantage in any given case is far from evident, *as compared* with chloroform for internal or external use. A small quantity of brandy given in advance would, in my opinion, make either anæsthetic *perfectly safe*.

DISLOCATION OF INFERIOR MAXILLARY.

Miss ——, while having a third lower molar extracted by a neighboring dentist, suddenly dislocated her lower jaw; the appearance of the face, with the great distress, was very comical. I applied a split cork between the last molar on each side, and placed the thumb and fore fingers of the right hand on the inside of the lower front teeth, and grasping the chin, and pressing with the other hand against the upper jaw, the head being held firm against the breast of my assistant, I drew forcibly forward, and the bones, leaving the zygomatic fossa, slipped gradually into place.

This, the old method, I think preferable to using the thumbs, and also giving a "*point de appui*," by using one hand against the upper jaw. What is singular about the case is the fact that the dislocation, although a primary one, was effected without any considerable force by the operator or effort by the patient. It might have been owing to the relaxation so brief in effect of the nitrous oxide, but I have never seen any amount of suspended muscular action by this agent. I may mention, in this connection, that this anæsthetic, so loudly vaunted as harmless, has been followed, in many instances I have seen, by severe hysterical and epileptic convulsions, and I presume most practitioners have had the same experience. The late New York case (128 West Thirty-fourth street) seems, from the reports, to be one of suffocation from obstruction in the bronchia or larynx, and as the pulse acted, if the head had been held directly downward and the arms rotated rapidly, its own weight would have removed

the collected mucus or blood and have given the lungs air and saved the patient's life. This position, so *important* in these asphyxiated cases, seems strangely neglected in these accidents. The body must be *absolutely reversed* to do any good, *horizontal* position is not sufficient.

Hospital Reports.

UNIVERSITY OF PENNSYLVANIA.

Surgical Service of Prof. D. Hayes Agnew, M. D.

[Reported by De F. Willard, M. D.]

Hernia.

Gentlemen: The first case is a man, colored, suffering from an oblique inguinal hernia of fifteen years' duration, which he says cannot be retained by a truss, but is continually escaping beneath the pad to appear upon the pubis. Let us see if we really have an uncontrollable hernia. I expose the part, and at once every one of you ought to see the explanation of his difficulty. He has an inguinal hernia, but here is the pad of his truss pressing, not upon the canal just above the external abdominal, as it should, but down upon Poupart's ligament, or a little below it. It is of no more use than if it were about his neck, and it is strange that it should have been overlooked.

The remedy is as simple as the explanation. I merely reduce the hernia, bend the arm of the truss upward, straighten the spring, and now it fits upon the canal above Poupart's ligament, and as I tell him to rise, you will see that no hernia is visible, and if the spring is of sufficient strength he will have no further difficulty.

Why was this mistake made? Simply because the person who adapted the instrument was ignorant of the fact that Poupart's ligament was not situated at the same line with the abdomino-femoral fold. It is an inch higher up, and is marked by a plainly perceptible line, especially when the abdomen is protuberant. Remember this error, for it is one frequently made.

Portion of Gun-stock Imbedded in Forearm.

The next patient is a man who was injured some two years since by the explosion of a gun. He states that some of his clothing was driven into the arm, but he thinks that every portion was removed. Since that time, however, the wound has refused to heal, and constantly discharges an offensive pus. The anterior face of the forearm is considerably deformed and thickened by inflammatory deposit, and the middle finger is firmly flexed, so as to be perfectly useless. This shows that some irritation is being applied to its flexor muscle. There is also an interesting physiological point of interest connected with this case, for you see that more of the other fingers are thus implicated, showing that certain muscular fibers of the common flexor run to certain particular tendons of the flexor.

The contracted condition must be due either to the inflammatory deposit or to the irritation of some foreign body. The wound and its sinuses do not look as though there were dead bone beneath, and although I cannot feel any foreign body with the probe, yet it will be the best treatment to lay open these sinuses and not delay their healing by ineffectual injections, etc.

I therefore cut down through the skin and superficial fascia, lift the deep fascia upon a grooved director and divide it, avoiding the radial artery, and now the appearance of the tissues strengthens my belief that we shall find some deep-seated exciting cause for all this trouble. I therefore lift the muscles and divide them, until I have passed through the superficial set, when I come upon a hard object, which, lifted out with the forceps, proves to be a large piece of wood, evidently a portion of the stock, which has lain there through these many months. The cause being removed, the wound will heal with injections of two-grain solutions of cupri sulph., followed by dressings of carbolized oil. The adhesions which the tendon of the fingers has contracted should be forcibly stretched and broken up, motion being subsequently maintained by frequent repetitions of the manipulation.

The next case is one of

Dislocation of the Shoulder

of four weeks' standing.

The patient states that she fell down-stairs at that time, striking upon her shoulder, and that she has since been unable to use her arm. The symptoms, as you perceive, are characteristic. The arm appears lengthened; the elbow carried off from the side of the body; the shoulder flattened, and the acromion so prominent that the fingers can be easily hooked beneath it, while in the axilla a round solid tumor can be easily felt. There is, also, loss of power and inability to grasp the opposite shoulder while the elbow is held against the thorax.

For purposes of study we recognize four varieties of humeral dislocations, but the axillary form is the most common. The other varieties are the posterior or scapular, the sub-clavicular and sub-coracoid. The two anterior varieties present the same symptoms with the axillary, save that the arm is not lengthened and the axillary tumor is less distinct. The scapular form differs in this respect, that the arm is shortened and the elbow carried strongly forward and inward and against the thorax.

In the axillary dislocation the supra-spinatus muscle must be put greatly upon the stretch,

since it spoint of insertion, the greater tuberosity, is carried to a position much farther distant than normal from its point of origin. The deltoid will be also stretched, but it is the supra-spinatus which especially draws this head spasmodically up into false position beneath the neck of the scapula.

In the forward dislocation, when the head is higher up, the infra-spinatus is the muscle which is most elongated, while the supra-spinatus is also shortened, but to a less degree. The pectoralis major is relaxed. In the scapular form of luxations, where the head of the humerus forms a tumor in the infer or fossa, the sub scapularis, supra-spinatus and pectoralis major will be put upon the stretch, while the deltoid and infra spinatus will be relaxed.

The axillary is the common form, and all the others are readily converted into it by elevating the elbow and pressing down the head. Taken together, the various forms occur with more frequency than all the other luxations of the body together, a fact which may be explained by the shallowness of the glenoid cavity, the delicacy of the ligaments and the great freedom of movements of the arm.

It is an accident usually received by force, applied either directly to the parts or indirectly through the arm from the elbow or hand. This latter point is sometimes of use in detecting the difference between a fracture of the neck of the humerus and a dislocation. In fractures the lesion is almost always from direct injury, while in dislocation it is more commonly indirect. In a fracture there is also crepitation and usually elevating of the limb, while the position of the arm is quite different from this which I have already shown you.

The chief difficulty in diagnosis will arise in these cases when the head of the bone is knocked off and at the same time driven from the glenoid fossa. In these cases there will be ordinary signs of dislocation, flatness of the shoulder, a hard tumor in the axilla, etc., but there will also be crepitation and this tumor will not move in accord with the shaft of the bone below. If the patient is fully etherized there need seldom be any mistake in regard to either of these accidents.

There is an error in diagnosis, which is sometimes made in regard to contusion of the deltoid muscle. When injured, it quite frequently atrophies so that the shoulder presents very much the same flattened appearance seen in cases of dislocation; yet the axillary tumor is wanting, and although the acromion is prominent, yet the fingers cannot be locked beneath it with that readiness which is so characteristic when the head of the bone lies in the axilla.

In regard to treatment. In all recent cases reduction is usually easily accomplished; after four weeks it becomes more difficult, and after twelve it is frequently impossible. In the majority of cases I prefer the method of White or La Mothe, *i. e.*, making extension upon the arm directly *upward* in the line of the axis of the body the acromion being fixed by the heel of the surgeon, while an assistant places his fist in the axilla, simultaneously to lift out the head of the bone, and retain it there while the arm is quickly brought down to the side and across the chest, the fist also acting as a fulcrum, in case the head has not previously assumed its normal position. This is, more properly speaking, Dupuytron's modification of La Mothe's method, and is the one I like best, although perhaps the most common operation is that practiced by Cooper, *i. e.*, making the extension *downward* with the heel in the axilla to fix the scapula and subsequently to act as a fulcrum when the arm is carried across to the opposite side.

Sometimes the extension is made directly *outward*, and in fact any of these methods are usually effectual in recent cases, the chief object being to draw the head from the point where it is held by the projecting rim of the glenoid cavity. Opposition of stretced muscles is best overcome by free etherization and by elevating the arm, thus bringing the points of insertion nearer to those of origin. The tension upon the supra-spinatus will be greatly relieved by this manipulation as you must see, and the infra-spinatus and teres minor may be similarly relaxed by rotating the arm so as to turn the great tuberosity nearer to this point of origin.

When all the muscles are relaxed, reduction is easy, and it was upon this principle of allowing the muscles themselves to pull a displaced member into position that the method termed "manipulation" was introduced, and which is so successful in many displacements of various articulations of the body. In this method the arm is raised, as directed by Smith, alongside of the head, the forearm flexed, the hand then strongly supinated, and the humerus rolled out, thus relaxing every muscle which is at fault, but especially the supra and infra-spinati. The arm is now brought down to the side, being retained in its same rotated condition until the elbow touches the thorax, where the forearm is suddenly pronated and thrown across the chest.

Any of these means will answer well in simple cases; in complicated ones they may all fail, but you must not be discouraged, since success often crowns long unrewarded effort.

In old cases your every ingenuity will be taxed, since the rent in the capsular ligament often heals, and strong inflammatory adhesions bind the bone in its unnatural position.

In these cases great care is to be exercised in breaking up thes adhesions, lest the axillary artery, which is sometimes fastened in the deposit, be torn and an aneurism follow. Rotation must be gently performed at first, no haste being used, until little by little the bands give way and the head moves freely.

Then, and only then, is reduction to be instituted.

Should all the above described methods fail, a fillet may be attached to the arm and several assistants, or the pulleys, employed to make the requisite extension. In all these difficult cases no special rules need to be followed; use common sense—look for the indications and fulfil them by appropriate measures. Remember the anatomy of the muscles, and use your powers in the direction in which they will offer least resistance, and do not pull so hard as to lacerate the artery. If reasonable force fails, after two or three faithful trials, it is better to allow the bone to remain unreduced and form a new socket for itself upon the neck of the scapula, than to run the risk of damaging the artery or nerves. A Jarvis adjuster is an instrument of great power, but must be used with caution.

Ulcer of Tongue.

The last case, a boy of 10 years, has several small ulcers beneath his tongue and upon the mucous lining of his cheeks, which he says have resisted treatment for several weeks, and are quite painful

As you look at him I think you will perceive the cause of this obstinacy. He has eczema capitis, enlarged cervical glands, tarsal ophthalmia, a pale face and various other evidences of a strumous taint. We must then attack the disease constitutionally, with ol. morh. ʒj, and syr. ferri. iodid., gtt. x. t. d. and milk, eggs, beef, good air and exercise.

Locally we will use Monsel's solution—liq. ferri., subulph., diluted with two parts of water, twice in the twenty-four hours, keeping the parts washed with green tea at the intermediate times.

Tinct. ferri. chlor. or cupri sulph., gr. iv. to f.ʒj of water would answer nearly as well.

Editorial Department.

Periscope

The Treatment of Inflammation.

Dr. Charles Murchison says in a lecture published in the *British Medical Journal:*

I can here do no more than sketch, in a few lines, some of the leading principles which ought to guide you in the treatment of inflammation.

1. Remove, if possible, the cause of the inflammation. This is the first object always to be aimed at. If it can be effected it will do more good than all other remedies put together. You cannot fail to perceive how useless it would be to treat with blood-letting, purgatives, and other measures, an inflammation of the eye, or of the areolar tissue, and depending on the presence of a foreign body as long as the foreign body was allowed to remain. The surgeon has many opportunities of removing the cause of inflammation. He does this, for example, every time that he puts and maintains in apposition the broken ends of a fractured bone, or that he extracts a sequestrum of necrosed bone, or a calculus from the urinary bladder, or that he dilates a stricture of the urethra. The physician, unfortunately, is often unable to say what is the cause of the inflammations which come under his care, or, if he know the cause he may be powerless to remove it; still it is in this direction that he ought to strive. When inflammation of the stomach is excited by chemical or other irritants, the first thing to be done is to pump out or neutralize the poison. When inflammation of the same organ is due to the practice of frequent sipping of alcohol, a removal of the cause suffices to effect a cure; and all attempts at cure, while the cause remains, are useless. Inflammation of the bowels may be excited by accumulations of faces, and will cease on their removal. In uremic gastro-enteritis the main thing to be done is to endeavor to restore the action of the kidneys; and in inflammation of the lungs from inhalation of irritating particles of dust the patient must first of all renounce his injurious occupation. Lastly, in certain cases of protracted pyelitis from the lodgment of a stone in the kidney, an attempt to remove the stone by surgical means is a feasible operation.

2 Prevent a far as possible any further stimulus to the inflamed part. Remove light from the inflamed eye and sound from the inflamed ear, and prevent food from entering the inflamed stomach. In gastritis the diet should be restricted to iced milk in small quantities. However low the patient may be it would be manifestly hurtful to give him alcohol by the mouth; but, if necessary, it may be given by the rectum. For a like reason a patient with inflammation of the lungs or kidneys must be preserved from draughts of cold air; and in acute peritonitis from suspected perforation of the bowel, absolute rest of body is of paramount importance, while the vermicular action of the intestines is suspended by the free administration of opium.

3. Always endeavor to discover the constitutional peculiarities of the individual, and remember that for some varieties of inflammation we possess what may be called specific

remedies. Mercury will cure the inflammations of constitutional syphilis, and colchicum with alkalies those of gout. Iodide of potassium seems to act in a specific manner upon periosteal inflammations, chlorate of potash on ulcerative stomatitis, and arsenic on certain inflammations of the skin. Much difference of opinion, as you are aware, has existed on the utility of mercury in inflammation. At one time most patients with inflammation were salivated, whereas now the drug is almost universally condemned, not only as useless, but as positively injurious. The main cause of the differences of opinion which still exist on the matter is to be found in the non-recognition of the constitutional varieties of inflammation. In rheumatic pericarditis mercury has been proved, times without number, to be useless, and in the many inflammations to which persons with disease of the kidneys are liable it is always hurtful; but in syphilitic iritis, and syphilitic inflammation of the lungs, liver or other organs, mercury often acts like a charm. I am speaking now of the constitutional effects of mercury when given in frequent small doses. As an occasional aperient, or in conjunction with opium to counteract its constipating effect, mercury may be useful in other forms of inflammation than the syphilitic.

4 Moderate vascular action in the inflamed part; but, in attempting to do this, keep in view the general condition of the patient. Remembering that increased vascular action is in most instances the chief phenomenon marking the origin and spread of inflammation, it is clear that one of the chief objects in treatment must be to reduce the quantity of blood, and the rapidity of its circulation in the inflamed part. The principal measures which have been recommended for this purpose are as follows:

a. *Blood-letting.*—According to the manner in which the blood is drawn, blood-letting is said to be either *general* or *local*. In the former case, blood is taken from one opening in a large vein, and its removal can only act upon the inflamed part through the general circulation; in the latter case, we endeavor by a number of small openings into minute vessels made by leech-bites, or the scarificator of a cupping instrument, to take blood directly from the part which is inflamed. You are aware that blood-letting, both general and local, was at one time the universal treatment for inflammation, but that the letting of blood in any way is now one of the rarest of surgical operations. In my introductory lecture I pointed out to you that an attempt had been made to account for this revolution in medical practice on the supposition that inflammations had changed their type; that formerly they were sthenic and required blood-letting, but that now they are asthenic and are injured by depletion. I endeavored to show you, however, that this view of the matter is untenable; and I need only now repeat that in some parts of the world it is still the fashion to treat inflammations by copious blood letting, and that it is difficult to imagine how the type of inflammation could have changed in one country and not in another. There can be no doubt that much mischief was done in former days by copious general bleedings in inflammation. In order to diminish effectually the quantity of blood in the inflamed part through the general circulation, it is necessary to take such a quantity of blood that its quality becomes impoverished, while the heart's action is weakened and the reparative powers of the system are impaired. But the same objection does not apply to local bleedings. In many of the inflammations at or near the surface of the body which come under the notice of the surgeon, the effect of local bleeding in relieving pain, diminishing congestion, and otherwise moderating the intensity of the inflammatory process, is so immediate and marked that is difficult to understand the modern antipathy in this country to blood-letting in any form. It is argued that the loss of even a small quantity of blood weakens the entire system, and especially impairs the vitality of the inflamed part; but such statements have been chiefly advanced by writers who have had little or no experience of the effects of blood-letting themselves, and are, as I think, contrary to the evidence of our senses, while repeatedly you will have occasion to observe that a congestion of the brain or of the lungs is at once relieved by a natural hemorrhage—by a copious epistaxis or hemoptysis. There is one important difference, however, as regards local bleeding, between an inflammation of some internal organ and one on the outer surface of the body. In the latter case there is no difficulty in understanding how local bleeding diminishes the quantity of blood in the inflamed part, but it is not so in the former. When, for instance, you apply leeches to the chest in a case of pleurisy, you draw blood from the skin, but how is this to relieve the inflamed pleura? The opponents of blood-letting say that the vessels of the pleura can only be affected through the general circulation, and that the amount of blood drawn by the leeches is much too small to operate beneficially in this way; yet, on calm consideration, you must see that it is not necessary for local depletion to act beneficially that it should do so through the general circulation. It may do so through the nearest arterial trunk, which is in common to the external surface and the inflamed organ. The intercostal artery can only transmit a certain amount of blood, and when the blood is made to flow from its superficial branches, less will go to the deeper branches. But whatever be the explanation there can be no doubt of the clinical fact that the intensity of inflammation may often be moderated by local blood-letting, and this, too, without any injury to the patient. In inflammations, for example, of the liver or intestines, I have repeatedly observed

the most marked and immediate relief follow the application of leeches to the abdomen or around the anus. Still, you must not have recourse to blood-letting in every case of inflammation. It is only in the early stages of inflammation, or when it is advancing, that you can expect it to do good. You must also abstain from blood-letting in persons of debilitated constitution, or when the inflammation has been excited by an animal poison or some other morbid condition of the blood.

b. Cold.—The common practice in this country is to apply moist heat to an inflamed part on the surface of the body from the very commencement; but it does not appear to me that any scientific reason can be given for the practice. Heat increases determination of blood to a part, and therefore seems calculated to increase the inflammation; whereas cold constricts the vessels and diminishes the supply of blood, and in Germany more especially has been found most efficacious in subduing inflammation. On this subject I would advise your reading an admirable essay by Professor Esmarch of Kiel, entitled *On the Use of Cold in Surgery*. Professor Esmarch declares that of all remedies for surgical inflammations it is most important, and that without it he would rather not be a surgeon. The continuous application of cold by means of ice-bags has also been found very efficacious in some inflammations which come under the care of the physician, as in rheumatic inflammation of the joints, and inflammations of internal parts which are near the surface, as the pericardium and peritoneum. But in deep-seated inflammations, cold to the surface may act injuriously by driving blood from the skin to the inflamed part. Cold is also contra-indicated when the inflammatory process is subsiding, and when we have to deal solely with its products. Under these circumstances—

c. External Heat, in the form of poultices and fomentations, will be preferable, by means of which we hope to produce a derivation of blood from the part to the skin.

d. Counter-irritation by sinapisms, turpentine stupes, and blisters, acts in a similar manner to external heat, and is often of great utility. One caution I would give you respecting blisters: they are often applied in the early stage of inflammation; and when this is near the surface, as in pleurisy, pericarditis, or peritonitis, the irritation may be propagated inward, and increase the mischief which they are intended to allay. It is in chronic inflammations that blisters are most useful.

e. Purgatives were at one time used to a mischievous extent in all inflammations; but in inflammations of certain parts of the body they certainly act most efficaciously, by causing a derivation of blood from the inflamed part. In inflammatory affections of the liver, the best treatment is often free purgation. Purgatives in moderation are also useful as one means of elimination from the body the products of inflammatory pyrexia.

f. Position may modify the amount of blood in any inflamed part. When a limb is inflamed, you take care not to let it hang down; when there is inflammation within the cranium, it is well to keep the head raised; and when there is inflammation of the spinal cord or its membranes, the patient had better not lie on his back.

g. Belladonna, when applied locally to an inflamed part, causes constriction of the vessels, diminishes the supply of blood, and often gives great relief; but in the case of internal inflammations there is no reason to think that belladonna entering the blood would exert its constricting effect on the vessels in the inflamed in preference to those of any other part.

5 You will treat the pyrexia accompanying inflammation according to the principles laid down in my last lecture. You will remember that *aconite* is often of great value for reducing the pulse and temperature in the pyrexia of inflammation, and that *antimony* is especially useful in the same way in inflammations of the mucous membrane of the air passages, where it also appears to relieve congestion by promoting free transudation to the free surface of the inflamed membrane. As I have already told you, antimony is contraindicated when the heart's action is weak. As regards diet and stimulants, you must be guided by the same rules in inflammation as in pyrexia. In the advanced stages of inflammation, and especially when there is suppuration, ulceration, or gangrene, it will be necessary to give abundance of nutritious food and to stimulate freely. Under these circumstances, also, benefit will be derived from quinine, iron, and the mineral acids.

6. *Sedatives*, but particularly *opium* and its preparations, are often of great use in inflammations, for relieving pain, procuring sleep, keeping the inflamed parts at rest, and rendering them less irritable. In acute inflammation of the peritoneum, opium in large and repeated doses is a remedy on which we mainly rely; but opium in any form ought never to be given in inflammation of the kidneys, and only with the greatest caution in inflammatory affections of the lungs. In the former case it increases the difficulty which the inflamed kidneys have already to contend with in eliminating the products of pyrexial metamorphosis; in the latter, it leads to the accumulation in the bronchi of inflammatory products, and thus favors a fatal termination by apnœa.

7. Lastly, in the treatment of inflammations you must ever keep in view the dangers likely to arise from derangement of the functions of the inflamed part. In gastritis you will beware of irritating the stomach by drugs or by inappropriate food or stimulants, and in extreme cases you will give nutriment for a time

entirely by the rectum; in enteritis you will check diarrhœa; in laryngitis you will be prepared to admit air to the lungs by tracheotomy; in accumulations of inflammatory products in the pleura you will consider the propriety of paracentesis; and when the lungs are so extensively inflamed or congested that the portion which remains free does not suffice to transmit the blood of the entire body, and the patient is threatened with asphyxia, you must not scruple in having recourse to venesection.

Inebriates and their Cure.

Dr. DODGE, of the New York State Inebriate Asylum, says in his last report:

I will now consider, first, what is meant by an inebriate; secondly, how and by what means a cure can be affected.

There is a class of persons in our midst whose temperament and physical constitution are such that, when they once indulge in the use of alcoholic drinks, they not only recognize what appears to them a pleasure, but an actual necessity. A man of this peculiar habit and disposition takes his first social glass, and gradually and unconsciously becomes a moderate drinker. The point or time when he ceases to be a moderate, and becomes an excessive drinker, he is unable to see or determine. He realizes the fact that he has at last become the slave to a despotic appetite—his whole organization is changed, his moral nature is perverted, his intellectual faculties are blunted, and he finally succumbs to a morbid appetite and a disease that is rapidly destroying mind and body. In this state his stomach, nervous system and brain, demand and continually cry out for their accustomed stimulant, and admit of no denial. In his case there is a constant increase in the quantity of stimulus taken, and it is a pathological truth that there is a proportional diminution in its effects, until the time will finally arrive when the confirmed inebriate, cachectic physically, and demented and imbruted mentally, has but one single object to live for, viz.: to satisfy a morbid appetite and craving for alcohol, when really enough cannot be taken to support an exhausted system. This class of inebriates illustrates a form of mental derangement known as dipsomania, from which but few if any ever recover. Fortunately, this hopeless class are comparatively few in number. That man is truly suffering from a weakness, and that weakness is both a functional and organic disease which he is absolutely powerless to relieve and cure unassisted, since, in addition to the habit, the same weakness of will that lead to the disease, obstructs its removal. These cases evidently possess a peculiarity of constitution or temperament which may, with propriety, be termed an alcoholic idiosyncrasy. Another peculiar feature, in connection with one class of inebriates is, an alcoholic diathesis, or hereditary predisposition to drunkenness. This is not only evident, but well marked in a goodly number of patients admitted to this asylum. The statistics show a large percentage who have intemperate, or who have had intemperate parents or ancestors. I find, by referring to the record, that out of three hundred and seventy-nine, the whole number admitted during the past twenty months, one hundred and eighty-nine have inherited the disease from intemperate parents or ancestors, and these men are nearly all periodical drinkers. It is a well established fact, that of those who inherit the predisposition to alcoholism, by far the largest proportion lead a miserable existence, and few escape being afflicted with disease or physical deformity, and frequently with both combined in one; and it is a notorious fact that of all the crimes committed, seventy-five per cent. is chargeable to intemperance alone. It furnishes a large majority of subjects for our poor-houses, insane asylums, work-houses, penitentiaries and prisons. What is equally as well known to medical men, is the pathological fact or facts that intemperance is a frequent cause of scrofula, and may be held responsible for more than fifty per cent. of all the cases of idiocy and insanity; and when we add to disease and dementia, that intemperance is the father of all crime, how necessary, how imperative, that the State should come to the relief of the public by providing suitable asylums for the inebriate, where he may resort for cure and reformation, thus lessening the temptation to inebriety and decreasing the number of its victims. Admitting the fact, that we cannot entirely remove the one great cause of disease and crime, it is none the less our duty to do all in our power to lessen the temptation to intemperance, and ameliorate the condition of the unfortunate inebriate and the evil consequences following in the wake of his deplorable habit. By such a course we shall merit the thanks and blessings of all directly interested parties and at the same time perform excellent service to the State.

Secondly. How and by what means a cure is effected. Nearly all patients on their admission, require medical treatment. Stimulant, sedative and narcotic remedies are usually administered at the outset, followed by alterative medicines to improve and correct the secretions; after which, tonics, both vegetable and mineral, are given, calculated to add tone and strength to the system. When we have organic disease, appropriate remedies, adapted to each particular case, are administered to relieve and assist nature in removing the same. Outside of these functional and organic difficulties very little medical treatment is demanded or required. Our main reliance is upon sanitary measures, remedial rather than medicinal, and essential to improve and invigorate the physical organization, and as a result adding strength, in the

same ratio to the mental faculties, thus enabling the patient in the future to assert and maintain his self-respect and self-control. In this connection, it may be well to state that, as soon as our patient is convalescent, but little, if any, medicine is given, and our main reliance is placed upon the following sanitary and hygienic measures: retirement from business and the busy scenes of every-day life, quiet, reading, writing, pure air, well ventilated rooms, good nourishing diet, regular hours for meals, rising and retiring, proper physical exercise, such as out-door games, walking and such mechanical employment as taste and inclination may dictate and opportunity afford. These measures are strongly recommended and urged upon all as conducive to a healthful condition of mind and body, assisting materially in breaking up former habits and association, driving from the mind those old companions of an intemperate life, forming new thoughts, new ideas and new and better habits, necessitating a new being and a new life in every respect, and finally convincing all reasonable men who have been addicted to the excessive use of strong drinks that stimulants are not only useless, but absolutely injurious.

On Liquid Nitrous Oxide.

Prof. E. ANDREWS writes to the *Chicago Medical Examiner:*

It is well-known that under a pressure of about 750 pounds to the square inch nitrous oxide condenses to a liquid, while the free nitrogen and oxygen, contained as impurities in it, remain in the gaseous form in the top of the receiver, hence the condensation serves as a means of separating the oxide from the other gases. The liquid was contained in a strong iron flask about four inches wide and twelve inches long. When it was desired to use the anæsthetic a faucet was turned slightly, allowing the gas to escape into a rubber tube leading to a small sack, and thence to an ordinary inhaler, so contrived, with valves, that the inspirations were drawn from the sack and the expirations pass into the open air.

CASE 1. Five fingers to be amputated for frost bite, followed by mortification. The patient came under the influence slowly and with difficulty. At length his consciousness seemed to be gone, and his countenance presented the blue asphyxiated look characteristic of full anæsthesia by nitrous oxide, nevertheless he writhed and struggled during a large part of the operation, and afterward complained that he felt every cut. The result was decidedly unsatisfactory.

CASE 2. This was mortification of a single finger requiring amputation. The patient was given the gas more freely, by turning on a more copious stream from the flask. He was anæsthetized in about forty seconds, and went through the operation without any consciousness of pain.

CASE. 3. This was an operation upon varicose veins in the leg. The patient went under the influence of the anæsthetic in thirty-five seconds, obtaining a complete insensibility. In this state I injected the veins of the leg in about ten places with tincture of iron, without causing any pain.

CASE 4. The inhalation commenced, but the supply of gas gave out, and the anæsthesia was completed with ether.

It is stated that the operation of ovariotomy has been performed under the successful influence of this anæsthetic in New York.

The present state of knowledge on the subject, derived largely from my own investigations, may be summed up in the following propositions:

1. Nitrous oxide is the safest anæsthetic known. In a laborious collection of statistics which I made, embracing over 200,000 cases, I showed that the mortality of these articles was nearly as follows:

Chloroform, one death in 2,723 cases; sulphuric ether, one death in 23,204 cases; mixed chloroform and ether, one death in 5.588; bichloride of methylene, one death in about 7,000; nitrous oxide, no death in 75,000.

2 Nitrous oxide anæsthetizes the patient in about forty seconds, while the other articles require from five to twenty minutes. The patient also awakes quickly, and does not suffer from nausea afterward.

3. The liquefaction of the gas renders it portable, so that it can now be easily carried to patient's houses.

4. The expense, after the manufacture and sale, are well established and will probably be less than that of ether

5. Nitrous oxide always produces a purplish flush of the face, indicating partial asphyxia, though without any sense of dyspnœa, hence it cannot, in prolonged operations, be given continuously, but must be alternated with short intervals of breathing atmospheric air, renewing inhalation of the gas as often as the duskiness of the countenance subsides.

6. It is not certain yet that all patients can be kept steadily asleep in this manner. Some of them seem to arouse after the first short sleep, and cannot be again fully quieted, even if the gas be pushed to the production of a decided flush of asphyxia in the countenance. Perhaps further experiments will remove this difficulty.

7. Nitrious oxide, in the gaseous form, may be mixed with one-fourth its bulk of free oxygen, and then does not asphyxiate. In my experiments on this subject I kept one patient nine minutes breathing the mixture, but the anæsthesia was less profound than was desirable.

8. If the patient be kept absolutely on pure nitrous oxide alone, he will die by asphyxia in spite of the general safety of the article, as it is incapable of oxidating the blood. The assistant administering it must pay attention to this matter, and give atmospheric air as

required. I placed a rat in nitrous oxide gas from a dentist's gasometer, and the animal died in ten minutes, while another rat placed in a jar of the gas mixed with pure oxygen, remained in it half an hour and was taken out alive.

9. Although it is not yet certain that the nitrous oxide can be made generally available for long operations, it is already for all short ones the most convenient, safe and pleasant anæsthetic known.

On Sea Sickness.

SIR JAMES ALDERSON says on this subject in the *British Medical Journal:*

Sickness is sometimes produced by waltzing. In this case the same theory of pressure on the brain holds good; but during rapid gyration in waltzing the blood is acted on differently: it is centrifugal force which causes the blood to rise in the vessels supplied to the brain. There is an additional cause of cerebral disturbance from the confusion of objects rapidly presented to the eye; from this comes giddiness.

In reference to sickness brought on by swinging, I cannot do better than quote Dr. Wollaston: "Sickness, by swinging, is evidently from the same cause as sea-sickness, and that direction of the motion which occasions the most piercing sensation of uneasiness, is conformable to the same explanation already given. It is in descending forward that this sensation is perceived, for then the blood has the greatest tendency to move from the feet toward the head, since the line joining them is in the direction of the motion; but when in the decent backward, the motion is transverse to the line of the body, it occasions but little inconvenience, because the tendency to propel the blood towards the head is then inconsiderable."

This last observation of Dr. Wollaston, quite accurate as to the result, plainly suggests the practial bearing of the subject. Knowing the mode in which the ship's movement acts on the brain, we are at once furnished with the only rational way of averting sea-sickness.

The first point is wholly to avoid the upright posture. Every one knows that it is a common practice to lie down, and this is done almost instinctively, but it is also known that to do so, though frequently successful, is not invariably so. The way in which the motion in a swing affects the brain affords the proper explanation why lying down is not invariably successful; and shows that it is necessary, not only to take a recumbent position, but to lie in the right direction. A person lying down with the feet toward the bows of a ship is, whilst it descends in pitching, in the same position as a person in a swing descending forward, in which case we have seen that sickness is produced by blood being forced upon the brain. On the contrary, a person lying down with his head toward the bows is, during the descent of the ship, in the position of one descending backward in a swing, in which case the pressure by the blood will be toward the feet, and, therefore, relief rather than an inconvenience will be felt, the tendency being to reduce the natural supply of blood to the brain. It is necessary, therefore, not only to lie down, but to do so with the head to the bows; and it is highly desirable that this position should be assumed before the ship begins to move. There is a secondary advantage to be gained by closing the eyes, and so shutting out the confusion arising from the movement of surrounding objects.

If the philosophical explanation here given be the correct one, which there is no reason to doubt, it adds one more to many unanswerable objections to the device of taking passengers in railway carriages on board gigantic vessels. No relief would be afforded by that plan to the miseries of sea-sickness, since, except in a perfect calm, nothing can prevent the rising and falling of the ship, and the consequent action of the blood upon the brain. The sitting posture would be equally unfavorable with the upright, and there would be, in addition, the common motion of a carriage, which alone, with some persons, produces sickness.

It is well to forbear imagining the miseries of sitting, shut up, face to face, with fellow sufferers, and, at the end of the voyage, of missing the one consolation of leaving the scene of your sickness, with all its disgusting evidences behind, and getting into a clean and pure conveyance free from late contaminations.

It is beside the subject of this paper to discuss the danger of unstable equilibrium from deck-loading, which must raise the center of gravity and depress the metacenter; also to hint that engineers may promise immunity from danger, whilst the melancholy fate of the *Captain* forbids us to trust in their scientific calculations. One thing is more than probable, that, in rough weather, deck-loading will produce heavy rolling motion.

Management of Yellow Fever.

At a recent meeting of the New York Academy of Medicine, referred to in the New York *Medical Journal*, Dr. NOTT was called upon to give his experience in the practical management of the disease. He said that the clinical history of the affection was well defined; and though different cases varied much, the following might be taken as an example of its typical course: The subject, apparently in perfect health, is attacked suddenly, oftenest perhaps at night, awaking with a chill, severe headache, violent pains in back, limbs and other parts of the body. In the course of fifteen to thirty minutes reaction comes on, and fever sets in—not very high, the pulse ranging from

90 to 110. This pyrexia may last from thirty-six to seventy-two hours; its usual duration, in the disease as it appears at Mobile and New Orleans, being forty to forty-eight hours. Then succeeds the stage of calm. The feverishness is gone, the pulse normal, the skin naturally moist, the tongue healthy in appearance. This continues about forty-eight hours longer, bringing the case to the end of the fourth day. Now occurs the stage of collapse, attended with black vomit, and ending in death, which begins at the heart.

As to treatment, there was no specific. Bleeding was out of date. Mercury was useless, and so were purgatives. Quinine was of value only to relieve the muscular pains, which made so large a part of the patient's suffering. The two great indications were, first, to disturb the stomach by drugs as little as possible; second, to preserve the patient's strength against the stage of collapse, which must come. He must be nursed through, not forced through. Careful nursing in the earlier stages, judicious support in the latter, were about the whole treatment. In most cases alcoholic stimulants were required by the third or fourth day, the special form being a matter of taste. Iced mint-juleps were commonly grateful; but sometimes champagne had the best effect. If the stomach was too irritable to take stimulus and nutriment, these must be administered by the rectum. It was very important to keep the patient in the recumbent position, and to avoid every source of exhaustion. If, after he had passed the fourth day, you could only ward off death for forty-eight hours longer, he was pretty sure to rally, and then to enter upon a rapid convalescence. It was remarkable that a man could come through so terrible a desease with so little sign of wear and tear. Often you might find him heartily enjoying a beefsteak or a mutton-chop eight or ten days after he had been lying at the point of death. Herein was a marked distinction between this fever and intermittent or remittent.

The older writers on yellow fever spoke of taking with advantage even one hundred or one hundred and fifty ounces of blood. At the present day, certainly, such treatment could not be borne. In his earlier practice the speaker had bled two yellow fever patients, and one fainted at ten ounces, the other at eight. This had taught him a lesson; and since then he had seen not more than one case in forty or fifty that would justify the lancet. It might be used when brain symptoms were manifested; but it was a characteristic of the fever that the mind was generally clear throughout. Yet the men who practiced those heavy bleedings had as good minds, at good powers of observation, as ourselves. It was impossible they should have been wholly deceived about the effect of the remedy; and the only reasonable supposition was, that the type of the disease had changed.

Air in the Veins.

M. TRÉLAT related, at a meeting of the Société de Chirurgie of Paris, on February 21st, an important case in which sudden death occurred in a patient from whom he was proceeding to remove a submaxillary tumor. The patient changed color and the heart-sounds ceased suddenly. Artificial respiration and electrization of the phrenic nerve induced some respirations and a slight return of color after fifteen minutes, but ineffectually. At the necropsy, a small vein opening into the external jugular, was found to have been partially divided; in the jugular was a long clot, segmented by air-blebs, and other bubbles of air were found in one of the mediastinal veins and the posterior cardiac vein, and a very notable quantity of air in the right cardiac cavities. The question raised was, whether the death was due to this cause or to the action of the chloroform. M. Perrin and M. Marc Sée attributed the death to chloroform; and M. Giraldès believed that the entrance of air in the veins acted with the chloroform in producing the fatal result. He stated that, in three cases of death from chloroform, he had found gases in the heart, in the vena cava, and even in the veins of the pelvis. Roux had made a similar observation. But M. Depaul pointed out that the air in this case occupied only the veins going to the heart, and the wounded vein. M. Perrin and M. Depaul were much in favor of artificial respiration by a tracheal catheter and bellows.

The Anatomy of Suicide.

The Academy of Sciences has received a paper in which M. Descaisnes seeks to explain the excess of suicide which has long distinguished Paris. With all our November fogs we have but one voluntary death in 175—a sufficiently distressing proportion. Paris has one in 72. With us, the proportion tends to decrease; in Paris, unhappily, it continues to augment. M. Descaisnes invokes as causes—1, the democratic fury—*morbus democraticus*—a purely imaginary and ideal cause, inasmuch as in the most democratic country in the world, America, the suicides are most frequent; 2, the weakening of religious faith; 3. the progress of alcoholism.—*British Med. Jou.*

Xylol in Small-pox.

Dr. BUNNAN says, in the *British Medical Journal:* I have, during the last few weeks of the prevailing epidemic of small-pox here, used xylol with most satisfactory results. I do not, however, agree with giving it in capsules, as recommended, simply on account of the great difficulty generally experienced by patients in swallowing during the severer stages of the disease; nor is it miscible with water alone, as stated. I have given it in doses to adults of 20 minims every three or four hours, either in milk or mixture of almonds; the lat-

ter I prefer I should be glad to hear of its extensive use, as I believe in its efficacy, although I cannot define its specific action.

Poisoning by Vanilla-ices.

The German medical journals call attention to the circumstance that several cases of poisoning by vanilla-ices have in late years occurred in Paris, Altona, Munich, Vienna, and other places. MAURER has recently related an instance in which, after the use of these ices, a large family suffered from the symptoms described as having been present in the other cases, viz., frequent vomiting diarrhea, assuming in some of the patients a choleriform character. All the patients recovered. What the nature of the poison is, has not yet been ascertained. In two observations on the remaining portions of the poisonous ices, traces of lead, iron, and tin were present; but the combination of lactic acid with oxide of tin has been ascertained not to be poisonous. SCHROFF believes that the poison is produced by the use of cashew-nut oil to besmear the vanilla-pods.

Reviews and Book Notices.

NOTES ON BOOKS.

——The "American Antiquarian Publishing Society" have undertaken the republication of a *fac simile* of ABBE CLAUDE QUILLET'S *Callipædiæ, or an Art how to have Handsome Children*, as translated and printed at London, 1708, 1710. We remember examining this curious treatise some years ago, and can say that physiologically (as might be guessed) it is of no earthly value. The first four lines explain its purpose:

"I sing the pleasures of the nuptial bed,
And the fair product of the genial seed,
What skies, propitious to the dear embrace,
Imprint their brightness on a beauteous face."

That will do for an Abbot! For sale by Howard Challen. Price, $2.00.

——We notice the appearance of the third and last volume of the fine library edition of Sir JAMES SIMPSON'S works, published by Messrs. A. & C. Black. The first volume includes an outline of his famous lectures on Midwifery, and his most important select papers on obstetrical and gynæcological subjects. The second volume includes his historical labors on Anæsthesia, Hospitalism, etc.; and the last consists of a body of fifty clinical lectures, ten of which are now published for the first time. Each volume is complete in itself; but few, we apprehend, within whose reach these volumes lie, will be content to deprive themselves of the pleasure and advantage of possessing this standard edition of the principal works of the greatest obstetrician of our century.

——The *British Medical Journal* says:

"We are often asked by correspondents for information as to the proper forms and methods of dealing with an insane patient; and, for want of such knowledge, much and serious inconvenience has sometimes been experienced by medical men. Dr. WINN has had the happy idea of publishing a little handybook of *Plain Directions for Dealing with an Insane Patient* (Hardwicke, London), which will precisely meet this frequent want. It is very concise and clear, and will be useful to all who from time to time stand in need of information on the subject in the course of their practice."

BOOK NOTICES.

The Cranial Affinities of Man and the Ape. By Prof. RUD. VIRCHOW. Boston: Lee & Shepard. Paper; pages 54. Price 25 cents. For sale by A. Martien.

This essay is written with Prof. VIRCHOW'S well known acumen, and is most interesting as well as very instructive reading. He does not agree with CARL VOGT, in the latter's belief that evidence exists showing man's descent from anthropoid apes. Whether true or not, such an opinion is not yet confirmed by science, and the author argues that whereas Darwinians and orthodox theologians (!) unite in insisting on the facile blending of specific types, calm science and known history so far oppose such a view.

The essay is most able, by far the most conclusive we have yet seen on the subject but we cannot praise either the translating or the proof-reading to which it has been subjected. On page 40 we read: "No naturalist has affirmed that any of the known and non-existing families of monkeys, is the ancestor of man"—an obvious carelessness. The paragraph at the middle of page 45 lacks both sense and grammar. On page 48 it is stated; "The admission that the jaw of the idiot and ape cannot be confounded, must not be underrated;" whereas, it is clear from the context, precisely the opposite is asserted in the original, namely, that they *can* be confounded. Many other such errors occur, greatly detracting from the worth of the translation.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, APRIL 20, 1872.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE VACANT CHAIR IN THE JEFFERSON MEDICAL COLLEGE.

The recent death of Dr. SAMUEL HENRY DIXON, Professor of the Practice of Medicine in the Jefferson Medical College, will be deeply regretted, not merely by his personal friends, but by the many thousand students who have profited by his lucid instructions, and have experienced his uniform kindness of heart. Few men, indeed, have united so happily profound erudition and singular power in instruction, with those qualities of heart which gain the love of all who approached him. We mean this tribute, not in conventional respect to a departed teacher, but as a slight testimony to many kind acts of which we have personally been recipients, and which we know he has with like liberality shown to others.

His death has left vacant one of the most important professorships in the institution over which he so long presided. The Chair of the Practice of Medicine is that on which, perhaps beyond all others, the real utility and hence the reputation of the college depends. It is concerned with the highest branch of medical science—that where the theoretical studies of the other departments are applied to the recognition, the prevention, and the treatment of disease. Excepting the arts of surgery and obstetrics, which are practiced much less in comparison, this is the only department which instructs the student in that which is to be his real employment. How judicious, therefore, should be the selection of a person to fill this position! To be a skilled physician of good character is not enough for such a post; capacity for instruction, experience in lecturing, a broad acquaintance with the past and present of medical science, familiarity with other languages, an acknowledged command of our own both in writing, speaking, and a general recognition of fitness for the post by the profession at large, are not less essential to the occupant of that chair.

We have heard of several gentlemen mentioned as possible candidates, who can lay just claims to our respect; but among them all we know none more suitable in every respect than Dr. J. M. DACOSTA, who is already so widely and favorably known as a clinical teacher and medical author.

In our brief space we cannot at all do justice to the many able contributions to medical science which Dr. DACOSTA has published within the last score of years; and we can the more readily excuse ourselves from any exhausted mention of them, for they are nearly all familiar to our readers, and are standing authorities on the various subjects of which they treat.

The most extended of these works is his *Medical Diagnosis, with special reference to Practical Medicine*, first published in 1864, and received with such favor by the profession that three editions were exhausted with well-nigh unprecedented rapidity. We have repeatedly published in the pages of this journal the voluntary testimony of physicians to the great value of this work. It is acknowledged both in England and this country to be the very best text-book on the subject in the language.

This was by no means the author's earliest contribution to his profession. In 1852 his essay *On Epithelial Tumors and Cancer of the Skin* excited very general attention, and his views there expressed have received the approbation of later writers. Three years after his *Inquiry into the Pathological Anatomy of Acute Pneumonia* appeared in the *American Journal of the Medical Sciences*. This embraced the results of a series of laborious researches into the pathology of the lung, and anticipated views which have since been presented by other observers, and are now recognized by all. A similar investigation *On the Morbid Anatomy and Symptoms of Cancer of the Pancreas*, appeared by him in the Proceedings of the Pathological Society of Philadelphia for 1858. In this paper thirty-seven cases of this obscure disease are carefully tabulated, and its symptoms described with the greatest distinctness.

The Charleston *Medical Journal* of the following year contains an article from his pen on *Serous Apoplexy*, in which the view that this exists as a separate disease is ably sustained against many modern writers; and the *American Journal of the Medical Sciences* of the same date contains his study on the blowing sounds of the pulmonary artery in health, and the effect on them and on the heart of the act of inspiration, an article which was the first to settle the value, and almost the first to call attention to this important physical sign.

During the last decade Dr. DaCosta has not permitted the duties of a large hospital and private practice to dissever him from his early devotion to the scientific side of the profession. On the contrary, his articles have been many, and continually characterized by a remarkable fidelity of observation and justness of generalization.

The method of treating diseases by the inhalation of atomized fluids received from him early and intimate study, the results of which were published in various articles, and subsequently in a separate volume entitled *Inhalation in the Treatment of Diseases of the Respiratory Passages*, 1867. While engaged as visiting physician to one of our large military hospitals during the war, he made a series of observations on the diseases of the heart noticed among soldiers, a summary of which, containing much of interest to both physicians and surgeons, is contained in one of the volumes published by the U. S. Sanitary Commission. We need hardly say to our readers in this connection that to the diseases of this central organ, the heart, Dr. DaCosta has probably given more successful attention than any other American physician. His discussion of *Functional Valvular Disorders of the Heart*, and his admirable essay on *Irritable Heart*, published in the *American Journal* last year and year before last, are present in the memory of all physicians who pretend to keep up their professional reading. The same may be said of his article on *Membranous Enteritis*, published last year, a disease previously almost undescribed.

The two volumes of the *Pennsylvania Hospital Reports*, which were edited by Dr. DaCosta, contain a number of papers from his pen which we have seen quoted and commended by nearly all the leading medical periodicals of Europe. Of these we may especially mention his *Observations on the Action of Narcein*, on *Muscular Rheumatism, especially Wry-neck*, on the *Therapeutics of Acute Rheumatism*, etc.

We have as yet said nothing about numerous papers he has read before the Pathological and other medical societies; many lesser contributions to various journals; and his clinical lectures which have appeared in this and other periodicals, and many of which have been quoted in Schmidt's *Jahrbücher*, and other foreign epitomes of practical medicine. We have not space to enumerate these; but we cannot refrain from expressing the pleasure which we have found, and all physicians of culture will find, in the perusal of a most entertaining, introductory lecture, delivered by him in 1857, on *The Physicians of the Last*

Century. Few essays on medical history present so much in so agreeable a style. It indicates not merely a wide reading, but a delicate sense of the niceties of character and a power of portraying them in words rarely blended.

Of Dr. DACOSTA as a lecturer, a teacher, we need say nothing; for a constant practice of nearly twenty years in this difficult art has made him known throughout our country as one of its masters. Still less need we refer to his personal qualities in such a connection; for no one would question these. In fine, as one of the alumni of the Jefferson Medical College, we cannot wish for it a more judicious selection than the one we have indicated.

HOW SHALL WE WRITE PRESCRIPTIONS?

The commission recently appointed in New York city to examine into the competency of druggists created no little stir among members of that avocation, both there and elsewhere, by their reports and investigations.

Most of our readers have doubtless noticed the general ignorance of Latin which the commission found among those whose business it is to put up prescriptions, constantly requiring the most fatal ingredients, and written in this dead language. The crucial test on which nearly every applicant failed was of the following nature:

℞. Tinct. gentianæ, ℥j
Infus. ejusdem, ℥ss. M.

The prescription clerks, almost to a man, maintained that among all the drugs, herbs, chemical compounds, and galenicals they had ever handled, they never yet had been asked for *ejusdem*, whether in tincture, pill-form or fluid extract. They probably regarded it as some unofficial innovation, or unheard of new remedy, not yet on the price lists.

The really educated men in the drug trade felt considerable annoyance at this exposure of the simple-mindedness of their associates, but found it not altogether easy to explain satisfactorily to the general public. Some of them did find it quite easy, however, to shift the blame, and say it is all the fault of the doctors for writing such villainous dog-latin as they constantly do!

The *Chicago Pharmacist*, for instance, like a boy at corner-ball who has been "socked," thus passes the blow to the next neighbor:

"As no one has constituted himself a censor, to peer into the wonderful specimens of classical lore, revealed by every file of prescriptions, physicians can afford a sneer and a laugh at the expense of the overworked apothecary, who, having passed the ordeal in accordance with Parrish, Pareira and Fowne, finds himself confronted with some Ciceronic authority. It is undoubtedly too true that the classical has been greatly sacrificed to the utilitarian by American apothecaries; but it is equally the fact that physicians are more to blame for this retrograding step (for so we must regard it) in a scientific calling, than are apothecaries themselves. In this country, the use of Latin in prescriptions, excepting only in Latinized names of medical compounds, is well nigh extinct. What wonder, then, that apothecaries should neglect the scientific part of the prescriptions, when it is cast off by practitioners of medicine, or merely exists as a nondescript article, not amenable to any rules of Latin grammar?

The *Druggists' Circular* confesses the list and meets it squarely, intimating that this utter ignorance of Latin is nothing to be ashamed of, and that it is full time that the effete pretense of writing prescriptions in a language which the writer cannot compose correctly nor the one written to read intelligently, should be forthwith dropped. That journal says:

"That pharmacy as pharmacy has anything to do with classical studies is absurd, and it is denied that the use of such words as "ejusdem," although in good usage, is at all essential. Physicians are not obliged to write their prescriptions in Latin, or any other dead language, while the use of Latin terms or scientific words for drugs, etc., is essential, because such words or terms are the only definite ones. Thus we have half a dozen varieties of snakeroot, so called, and but one lep-

tandra virginica, or cimicifuga racemosa, etc., in use."

On the other hand the *American Journal of Pharmacy*, learned, conservative and traditional, takes occasion to maintain the importance of correct Latinity in prescriptions, sufficient education to read them on the part of druggists, and quotes the old arguments against the use of English in recipes.

We are glad that this question has been brought to general discussion in this manner. We coincide entirely with the writer in the *Druggists' Circular*) that the time has come when this retaining of Latin in prescriptions is worse than a pedantic affectation. *That* it hardly is, for pedantry implies some knowledge, but we are free to say that we *scarcely ever* see a recipe in even decent Latin, not to speak of "Ciceronic" diction. Not one physician in ten can construe a page of Cæsar, were it to save his palm from the ferrule, and what a ridiculous assumption it is therefore to pretend to write in that language.

The objections urged against the use of English are wholly groundless, and a very short examination will prove them so. We do not say use the common English names of drugs, but use their proper scientific officinal appellations, botanical or chemical, and drop the absurd attempt to torture them into genitives and accusatives; instead of the Roman numerals, use the Arabic figures; and in place of the hieroglyphs and abbreviations now so much in favor, write out in plain English what the articles, quantities and directions are. It is more tedious, perhaps, to set down, "a teaspoonful three times a day," than "f.ʒj. t. d.;" but we are paid to do our work in the best manner possible and we should not shirk this duty.

Notes and Comments.

Private Instruction.

The several classes for private instruction are commencing their spring sessions in this city, with a good attendance. Dr. W. W. KEEN teaches anatomy in the old Philadelphia school of anatomy, back of the University. Dr. DE FOREST WILLARD teaches operative surgery and bandaging in the same building. Dr. WILLARD is well-known to our readers through his very able clinical reports. Dr. JAMES TYSON gives a course in microscopy in the *post-mortem* room of the Philadelphia Hospital.

There are also many associations of gentlemen for giving private instruction on the various branches of medicine, besides classes in the various specialties—*all* that is needed by the student to acquire a thorough medical education.

Long Island College Hospital.

The medical school bearing this name, connected with the Long Island Hospital at Brooklyn, has commenced its eleventh course of lectures under very encouraging auspices. The class is the largest it has had, and is steadily increasing every year. This college offers unusual advantages for clinical instruction. The whole class is divided into twelve sections, and each section receives special clinical instruction in surgery, practice, obstetrics and diseases of women. In this way each student is brought into tangible relation with disease, so that he may use his perceptive faculties and educate his judgment in diagnosing and curing disease. These sections walk the wards of the hospitals daily with the clinical teachers. Daily class recitations are held by the professors, which are free to all.

——Dr. THOMAS HAY, formerly of 1208 Vine street, has returned to this city and resumed the practice of his profession at his residence 1127 Arch Street.

Correspondence.

DOMESTIC.

Spontaneous Dislocation of the Clavicle.

EDS. MED. AND SURG. REPORTER:—

The following case may be interesting to your readers:

J. M. R., pensioner, late of 5th Penna. Vols.; æt. 27; pulse 108 to 116; respiration, 26; laboring under incipient phthisis as shown by physical signs. On examining the chest

the sternal extremities of both clavicles were found to be movable, disarticulation most obvious in the left side. Mr. R. states that he began to cough in May, 1862, from what was then called bronchitis, and that the left clavicle became "loose" soon after. The right one did not give way till the spring of 1865.

The present condition is such that on moving the shoulders backward, or on taking a full inspiration, the clavicles will project from their sternal connection, and become quite prominent, returning with a snap, as the parts are returned in situ. The left upper extremity is much impaired in its usefulness in consequence of the sterno clavicular displacement.

The above is the first case of the kind that has ever come to my notice, and is unquestionably rare.

F. K. BAILEY, M. D.

Knoxville, Tenn, April 2, 1872.

News and Miscellany.

Medical Patents.

List of patents issued from the U. S. Patent Office to inventors, for the week ending April 2, 1872, and bearing that date, furnished by Cox & Cox, Solicitors of Patents, Washington D. C.:

Patents—Process and Apparatus for the manufacture of Sulphate of lead—H. A. Whitting, San Francisco, California.

Medical Compound and Capsicum Plasters—J. & I. Coddington, New York.

Medical Compound—F. Goestch, Bloomington, Ill.

—The *British Medical Journal* gives the total number of students registered at the London hospitals during the present season as 1,468. New entries, 468.

OBITUARIES.

DR. THEODORE FOWLER.

Dr. FOWLER died at East Fishkill, New York, March 19 of pneumonia. He was born in the village of Sing Sing, July 3, 1812, and was the eldest son of J. DRAKE FOWLER, a well-known physician of Westchester county. He was a child of much promise, and received the best educational advantages, united with careful home culture, which developed early those mental and moral qualities which shone so conspicuously in later years. His father at first designed his entering the profession of law, and he was sent to the city of New York for the purpose of prosecuting his studies, but a severe illness ensuing he returned to the country to recuperate his health at the residence of his uncle, P. D. FOWLER, a physician of Dutchess county. At this time he lost his father, and it was ultimately concluded that he should enter the medical profession, a time-honored one in the family, several members in each generation having embraced it. As soon as his path in life was definitely settled he earnestly set about preparing himself for its duties, and then returned to the city of New York to complete his scholastic and medical studies, which he pursued under those shining lights of the profession, Profs. MOTT, STEVENS, BECK, ROGERS, TORREY, DELAFIELD, AUGUSTINE SMITH, etc., of the old College of Physicians and Surgeons attached to Columbia College, in Barclay street. He was an earnest student, and completed his course of study most satisfactorily, receiving his diploma on the first of March, 1833, when he had hardly attained his majority. At that time he was offered great advantages to remain in the city by Dr. RHINELANDER, who had formed a personal attachment to him; he invited him to reside with him, but he had already decided to return to East Fishkill, and he entered with ardor upon the practice of his profession, in which he was eminently successful, and became also a prominent and influential citizen in the general affairs of the county of his adoption. Amid all his labors he always found time for his Christian duties, and also to care for the temporal welfare of the church. In social life he possessed the most genial and generous traits of character; no one who received his pleasant smile and cordial greeting could forget it. He was a steadfast and earnest friend, and delightful companion from his varied acquisitions. He was early distinguished for his scholarly attainments, and devoted to his profession, but his taste for literature was so great that it impelled him always to advance with the tide of letters and daily to add to the profound stock of knowledge which a retentive memory had enabled him to accumulate.

PROFESSOR SAMUEL JACKSON.

Dr. SAMUEL JACKSON, Emeritus Professor of the Institutes of Medicine in the University of Pennsylvania, died April 5th at his residence, in this city, at the ripe old age of 85. He was born in Philadelphia on the 22d of March, 1787. He devoted his time with great energy to the study of his profession, and was successful in acquiring a high standing in its practice. In 1835 he was elected Professor of the Institutes of Medicine in the University of Pennsylvania, a position which was filled by him during a period of twenty-eight years with great credit both to himself and the institution. He was one of the clearest lecturers and profoundest scholars, and occupied a front rank in the corps of professors of the university, a body of men which has long enjoyed the highest reputation for skill and learning throughout the world. In 1863, in consequence of his advanced age he abandoned the active duties of his professorship, and has since held an emeritus relation to the University. Professor JACKSON wrote several works on medical and physiological subjects, the most celebrated of which were a treatise on the "Principles of Medicine," first published in 1832, and an "Introduction to Lehman's Chemical Physiology," published in 1856.

MARRIED.

BURTON—ADAMS.—In Ludlow, Vermont, March 28, by Rev J. T. Powers, Putnam Burton, M. D., and Mrs. Almeda Adams, both of Ludlow.

CRANDALL—LEWIS.—In Stonington, Conn., March 6th, 1872 by Rev A. G. Palmer, D. D., H. N. Crandoll, M. D. (formerly of De Ruyter, N. Y.) and Miss Clara D. Lewis, all of Stonington.

GUMP—LUTZ.—By Rev. J. B. Keller, assisted by Rev. R. F. Wilson, in the Lutheran Church, March 20, S. H. Gump, M. D., and Sophia Lutz, all of Bedford, Pa.

HUMPHREYS—STEWARDSON.—In this city, April 24, by the Rev. Dr. Morton, at St James' Church, Capt. Henry H. Humphreys, of the Fifteenth Infantry, U. S. A., and Caroline Hollingsworth, daughter of Thomas Stewardson, M. D.

PELL—WILLIAMS.—In St. Albans, Vt., April 2, by Rev. J. B. Pitman, Rector Holy Trinity, Swanton, Dr. Charles R. Pell, of Montpelier, and Miss Nellie V. Williams, of St. Albans.

REED—PEW.—April 9, in Camden, New Jersey, in the Third Street Methodist Episcopal Church, by Rev. J. S. Heisler, Rufus Reed, M. D., of Cohoes, N. Y., and Emma J. Pew, of Camden, N. J.

DIED.

BAYLIS.—In Brooklyn, April 12, Anna Van Dyck, daughter of Dr. Thomas and Alice T. Baylis, aged 4 years and 2 months.

EATON.—Dr. Eaton, a well-known physician at Plymouth, New Hampshire, died suddenly a few days ago. He was about 35 years old.

LAMME.—At Centerville, Montgomery county, O., on the 28th ult., Clarence Hill, son of Dr. Wm H. and Anna C. Lamme, aged 5 years.

LEAF.—On the 9th inst, at Pottstown, Pa., Dr. H. L. Leaf, in the 56th year of his age.

POWELL.—In New York, of apoplexy, James W. Powell, M. D., April 12.

ROBINETT.—In this city, suddenly, of heart disease, at his residence, No. 2118 Arch street, on the 9th inst., Dr. G. Herman Robinett.

SMITH.—In New York city, April 9, David A. Smith, M. D., in the 29th year of his age, son of the late David Smith, M. D.